

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 28 1997 8:00am  
Secretary of State

DOCUMENT # **854276** (3)  
1. Corporation Name  
**FORSEON CORPORATION**



Principal Place of Business Mailing Address  
**6800 JURUPA AVENUE** **6800 JURUPA AVENUE**  
**RIVERSIDE CA 92504-1041** **RIVERSIDE CA 92504-1041**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/05/1982</b>	3a. Date of Last Report <b>04/25/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number <b>95-3623992</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Country	29 Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type of printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CPE</b>	<input type="checkbox"/> DELETE
NAME	<b>PAUL, DANNY D.</b>	
STREET ADDRESS	<b>6800 JURUPA AVE.</b>	
CITY-ST-ZIP	<b>RIVERSIDE CA</b>	
TITLE	<b>TVS</b>	<input type="checkbox"/> DELETE
NAME	<b>MERRILL, ALLEN E.</b>	
STREET ADDRESS	<b>6800 JURUPA AVE.</b>	
CITY-ST-ZIP	<b>RIVERSIDE CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DIVER, NEIL</b>	
STREET ADDRESS	<b>6800 JURUPA AVE.</b>	
CITY-ST-ZIP	<b>RIVERSIDE CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAGNIN, JERRY</b>	
STREET ADDRESS	<b>6800 JURUPA AVE</b>	
CITY-ST-ZIP	<b>RIVERSIDE CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, H JOE</b>	
STREET ADDRESS	<b>6800 JURUPA AVE</b>	
CITY-ST-ZIP	<b>RIVERSIDE CA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DOWNARD, DAVID M.</b>	
STREET ADDRESS	<b>6800 JURUPA AVENUE</b>	
CITY-ST-ZIP	<b>RIVERSIDE CA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0508360

CR2E034 (9/96)